24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Black Conservatives Fund	C C00560599
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date Active Engagement	e of Public Distribution/Dissemination
Mailing Address 44084 Riverside Pkwy Amo	11 13 2014
24.104	1000.00 nsaction ID : SE.16443
Purpose of Expenditure Copy writing Category/ Type	e of Disbursement or Obligation 11 13 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
MARYLLANDRIELL	ident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 Z	ent For:
Full Name of Payee Date S&S Printing	e of Public Distribution/Dissemination
Mailing Address 11236 Cedar Park Ave Amo	11 13 2014 ount
City State Zip Code	87.20
Baton Rouge LA 70809 Trans	saction ID : SE.16444 e of Disbursement or Obligation
Purpose of Expenditure Production Category/ Type	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District:00
MARY L LANDRIEU Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	1087.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1087.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Patrick Krason [Electronically Filed] Date	/ 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	